Disclosure Re Use this form for ge Do not use this form	eport Cover eneral report and committee to update information	information, must l	be signed and su	bmitted along with	Amendment Yes No h other detailed forms.
1. Committee Info	rmation				
a. Full Name					c. ID Number
Jamie Lein Campai	gn				JYM0Z9
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed
1025 Seminole Dri	ve				01/30/2019
Marvin, NC 28173					e. Phone Number
2. Report Year	2 Davied Start Date (4. Period	d End Date	1 s m	(704) 619-7461
2. Report Tear	3. Period Start Date (mm/	(mm/dd/y	y)	5. Treasurer F	
2019	07/25/2019	12	2/31/2019	Audrey Lavell	e
6. Type of Commit	tee (Check One)	9. Type of Repo	rt (check of	nly one type of rep	port from one category)
Candidate Camp	aign Party	Municipal	The second secon	County	Referendum
	Referendum	Organization	nal	Organizational	Organizational
Independent	Joint Fundraiser	Thirty-five of	dav	Quarterly	Pre-referendum
Expenditure Legal Expense F	II DE VICTORIANO DE PRODUCTO DE CONTROL DE C			,	
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(y appricable, check one)	Pre-election		Second	
Building Fund		Pre-runoff		Third	Supplemental Final
Dunding I and		Semi-annual		Fourth	Annual Special
		Mid Ye		Semi-annual	Special
Other:		Year E		Mid Year	10. Special Report Name
		Final		Year End	10. Special Report Name
8. Number of Fundraisers this Report		Special		Final Special	SOUND AR & S
11. Account Inform	nation		11. Account	Information	
a. Financial Institution	Full Name		a. Financial Ins	stitution Full Name	15 E & 21
First Citizens Bank					\$ 150
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign		1			
Account for d. Period Begin Balance		e			d. Period Begin Balance
Receipts and Expenditures	\$ 0.00	0.00			\$
CERTIFICATION					
		iance with all appli	cable provisions	of Article 22A 2	2B, & 22D-22M of Chapter 163 of
the NC General Stat	utes and that no funds are c	ommingled with pro	ohibited or other	non-disclosed fin	nds. I further certify that this report
is complete, true and	d correct and that I have bee	n trained by the NC	State Board of	Elections	nature vertify that this report
Audrey Lav			woney Dar		01/30/2020
	Printed Name of Signer		Signature of Appoin		Date
FOR OFFICE USE O	ONLY		2		

Pri	nted Name of Signer	Signa	nture of Appointed Treasurer	Date		
OR OFFICE USE ONLY	, ,		2			
Date Received:	2/06/2020	Employee:	gless	Delivery Method Normal Mail		
Date Postmarked:	01/31/2020	Employee:	greens	Registered Mail Hand Delivered		
Date Scanned:		Employee:		Electronically Filed Signer has not received		
Date Data Entered:		Employee:		mandatory training		

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Jamie Lein Campaign	2019 Year End Semi Annual Rep	ort	JYM0Z9
Start of Election Cycle: January 1,	2019	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 0.00	\$ 0.00
RECEIPTS		\$ 0.00	\$ 0.00
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1,100.00	\$ 1,100.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 138.88	\$ 138.88
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c)	c, 11d and 11e)	\$ 1,238.88	\$ 1,238.88
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,155.88	\$ 1,155.88
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub-	tract line 18)	\$ 83.00	\$ 83.00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 202.26	
21) Outstanding Loans (incl. ones from other campaign	ns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	THE
24) Account Transfers Within the Committee	(CRO-1720)	\$	10 3 3 4
25) Administrative Support	(CRO-1710)	\$	\$ 01 20 2
26) Forgiven Loans	(CRO-1440)	\$	\$ \$ 200
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO_1215)	•	9

Amendment

		m Individuals			Pg	_1 of	1_	Amendment Yes	t No
THE STATE OF THE S		lividual contributions of	THE RESERVE OF THE PERSON NAMED IN	or contribution	ons unde	er \$50 if form CRO			
		(and Fund if applical	ble)				2. ID Num		
Jamie Le	ein Campaign							JYM0Z9	
	ibutor Informatio			Add	Rem	nove			
	me, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Pr	ofession		d. Comments		
Jamie Lein 1025 Seminole Drive Marvin, NC 28173 (704) 619-7461				c. Employer's Name/Specific Field			e. Election Sum to Date		
							\$	1,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/yy)	yy)	k. Amount	
Ш	1	Transfer				07/25/20)19	\$	1,000.00
	1	Transfer				12/10/2	.019	\$	100.00
								\$	
3. Contri	ibutor Informatio	on		Add	Rem	nove			
	me, Mailing Address	& Phone		b. Job Title/Pr			d. Comments		
(include	city, state, & zip)								
				c. Employer's	Name/Spo	ecific Field			
							e. Election Sum to Date		
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
								\$	
								\$	
								\$ COUN	ITY
3. Contri	ibutor Informatio	on		Add	Rem	nove		12 4	1 an
	me, Mailing Address &	& Phone		b. Job Title/Pr	ofession		d. Comments	Z	6000
(include	city, state, & zip)		-74/65	4				5 400	ON OF STATE
				c. Employer's	Name/Spe	ecific Field		4	ELEC
							e. Election Su	m to Date	
f. Prior	a Assessment Code	I F & Downward	1 . 1 . 1			1	\$		
I. Prior	g. Account Code	h. Form of Payment	l. 111-F	Kind Description		j. Date (mm/dd/yy	/y)	k. Amount	
			+					\$	
Ц								\$	
								\$	
4. Total	l only this Pag	je .					\$		1,100.00
5. Total	l of ALL CRO	-1210 Pages					\$		1,100.00
(This line	a must be on line 6 of	Detailed Summary Page C	PO 110	0			Ψ		1,100.00

Amendment

Loan Proceeds

Pg 1 of 1 Yes ☑ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Na	le)		2. ID Number			
Jamie Lein Campaign						JYM0Z9
3. Lender Informatio	n		Add			Remove
a. Full Name, Mailing Add			b. Job Title/Profess	sion	h dans.	d. Comments
(include city, state, & zi	p)					Bank Overdraft
						Protection
SunTrust Bank			c. Employer's Nam	e/Specific Fiel	d	e. Start Date (mm/dd/yyyy)
Sull Hust Dunk			C. Employer 5 Train	e/Specific Fiel	•	11/27/2019
						f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged		i. Account Code	j. Form of P)	k. Amount
	a. Security Fleuged				аушен	
%			1	Transfer		\$ 138.88
I. Full Name of Lending In	stitution				m.	Loan Number
4. Endorsers/Makers	(The people who guar	antee tl	ne loan)			
a. Full Name, Mailing Add			b. Job Title/Prot	fession	c. 1	Employer's Name/Specific Field
(include city, state, & zi						
						•
			d. Percentage		e. /	Amount
					% \$	
a. Full Name, Mailing Add	iress & Phone		b. Job Title/Pro	fession	c. 1	Employer's Name/Specific Field
(include city, state, & zi	p)					Amount Relation Name/Specific Field
						On Born
						(S)
			d. Percentage		e. /	Amount Str Ard S
						18 20
					% \$	ELL
a. Full Name, Mailing Add	iress & Phone		b. Job Title/Pro	fession	c. l	Employer's Name/Specific Field
(include city, state, & zi	p)					
			d. Percentage		e. /	Amount
					0/ 0	
					% \$	
a. Full Name, Mailing Add			b. Job Title/Pro	fession	e. 1	Employer's Name/Specific Field
(include city, state, & zi	p)					
			d. Percentage		e. /	Amount
					% \$	
					% \$	
5. Total of ALL C	CRO-1410 Pages					0 120.00
	e 9 of Detailed Summary Page Ch	20-110	0)			\$ 138.88

Disbursements

Amendment Yes

 \boxtimes

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

Jamie Lein Campaign					
Janne Lein Campaign				JYM0Z9	
3. Type of Disbursement (Please	e use separate C	RO-1310 forms for each ty	pe of Disbursem	nent.)	
		ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Information		Add	Remove		
a. Full Name, Mailing Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state, & zip)					
(metade enj), omite, ee Ep)					
Build A Sign.com		c. Level Registered (Specify)			
3		Federal	County:	1	
		State 🖂	Municipality:	e. Election Sum to Date	
				Ci Dicetton Sum to Ditte	
				\$ 499.59	
f. Account Code g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
		in zate (miniate 3333)	J. Minount	Campaign Yard	
1 Check Card	В	08/14/12019	\$499.59	Signs	
				Signs	
			\$	OUNTY	
4. Payee Information		Add	Remove	(0)	
		b. Coordinated Committee Na		d. Comments Received to the state of the sta	
a. Full Name, Mailing Address & Phone		b. Coordinated Committee Na	ine	d. Comments	
(include city, state, & zip)				P FEB SEN S	
Sam's Club #6348		- I I Di-t I (Cic)		80, (1)	
PACE TO CONTROL OF THE PACE OF		c. Level Registered (Specify)	0	ELEU	
11425 Carolina Place Parkway		Federal	County:		
Pineville, NC 28134		☐ State	Municipality:	e. Election Sum to Date	
(704) 541-1234				\$ 98.74	
f. Account Code g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				Cookie Tray for	
1 Debit	O	10/17/2019	\$98.74	Meet and Greet	
				Weet and Greet	
			\$		
4. Payee Information		Add	Remove	NAME OF STREET OF THE STREET, STREET OF THE	
a. Full Name, Mailing Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state, & zip)		or coordinated committee 11		ui Comments	
(include city, state, & zip)					
AlphaGraphics		c. Level Registered (Specify)		-	
10100 Park Cedar Drive		Federal	Countries	4	
Suite 178			County:		
		State	Municipality:	e. Election Sum to Date	
Charlotte, NC 28210				\$ 508.05	
(704) 541-3678 f. Account Code g. Form of Payment	h. Purpose Code	: Data ()			
1. Account Code g. Form of Payment	n. I ur pose code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1 Check Card	В	11/27/2019	\$301.73	Yard Signs for	
				Meet & Greet	
1 Check Card	В	11/27/2019	\$206.32	Banners for	
			1 4-00.02	Meet and Greet	
5. Total only this Page	STEWNESS STATE			\$ 1,106.38	
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summ		J-17		\$	
(This line goes in line 13b of Detailed Summ				*	
(This line goes in line 13c of Detailed Summ	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN		res)		
7. Purpose Codes (List detailed expe					
A* - Media B* - Printing	C* - Fund		D - To Anoth		
E - Salaries F* - Equipment	G - Politic			Public Office Expenses	
I - Postage J - Penalties O* - Other	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund	
* Codes require detailed explanation	n in required re	emarks field (k)			

Disbursements	Pα	2	of	1	Amer	dment Yes	M	No
Use this form to report expenditures from the committee for; operating exp	enses,	contrib	outions to	candi	date/polit			140
committees and coordinated party expenditures.					-			

	full Name (and Fun	d if applicable)			2. ID Number
Jamie Lein Can					JYM0Z9
3. Type of Disb	Account to the second s		CRO-1310 forms for each t	ype of Disbursen	ent.)
Operating B			ndidates/Political Committees	☐ Co	ordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
SunTrust Bank			c. Level Registered (Specify)		
			Federal	County:	
			☐ State ☑	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	0	09/18/2019	62.00	Paper Bank
1	Diait	0	09/18/2019	\$3.00	Statement Fee
1	Draft	0	10/18/2019	\$7.00	Bank
					Maintenance Fee
4. Payee Inform			Add	Remove	COUNTY
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				ON Secondary
ComTmost Danle					d. Comments Record of Marie Parkers of
SunTrust Bank			c. Level Registered (Specify)		Y ZOA
			Federal	County:	ELEC
			State	Municipality:	e. Election Sum to Date
	T				\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	0	10/18/2019	\$3.00	Paper Bank
				45.00	Statement Fee
1	Draft	0	11/18/2019	\$7.00	Bank
4. Payee Inform	nation		Add	D	Maintenance Fee
	ng Address & Phone		b. Coordinated Committee Na	Remove	1.6
(include city, state,			b. Coordinated Committee Na	ame	d. Comments
SunTrust Bank			a Lavel Decistered (Specific)		
Suil l'ust Balk			c. Level Registered (Specify) Federal	Countrie	
			State	County: Municipality:	e. Election Sum to Date
			State	within cipality.	c. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	0	11/27/2019	\$12.50	Overdraft
15			11/2//2019	\$12.50	Protection Fee
1	Draft	0	12/17/2019	\$7.00	Bank
5 Total and the	- D			Walter and the second state of the second stat	Maintenance Fee
5. Total only thi	CRO-1310 Pages				\$ 39.50
	line 13a of Detailed Sum	amany Paga CPO 110	0 if Oncerting Frances		
			o if Operating Expenses) O if Contrib to Candidates/Politic	-1 C	\$
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	o if Contrib to Canaidates/Politic o if Coordinated Party Expenditu	ui Comm)	
	es (List detailed exp			res)	
A* - Media	B* - Printing	C* - Fund		D. To An-th	on Condidate
E - Salaries	F* - Equipment			D - To Anoth	Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other	100000000000000000000000000000000000000			2 Donatio	Jogai Dapense I unu
* Codes require	e detailed explanati	on in required re	emarks field (k)		

SWS

Disbursements

Pg 3

of 3

Amendment Yes

No No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	Full Name (and Fun	d if applicable)			2. ID Number
Jamie Lein Car					JYM0Z9
3. Type of Disb		se use separate C	RO-1310 forms for each t	ype of Disbursen	nent.)
Operating I	Expenses	Contributions to Car	ndidates/Political Committees	Co	oordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
SunTrust Bank			c. Level Registered (Specify)		
			Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
	_				\$ 49.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	0	12/17/2019	\$3.00	Paper Bank Statement Fee
1	Draft	0	12/17/2019	\$7.00	Bank Maintenance Fee
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,					TINTE
			c. Level Registered (Specify)		e. Election Sum to Date LED AND
			Federal	County:	O cent to
			State	Municipality:	a Flaction Sum to Data
				winicipanty.	C. Election Sum to Bate (C.)
		h Down one Code			ELEO
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		-
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
	1				\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only th	is Page				\$ 10.00
PROPERTY AND ADDRESS OF THE PARTY OF THE PAR	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sun	mary Page CRO-110	0 if Operating Expenses)		¢ 1.155.00
	line 13b of Detailed Sun	\$ 1,155.88			
	The Contract of the Contra	THE RESERVE OF THE PERSON NAMED IN	0 if Coordinated Party Expenditu	ires)	
	les (List detailed ex				
A* - Media	B* - Printing	C* - Fun			ner Candidate
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party ce Expenses		g Public Office Expenses on to Legal Expense Fund
O* - Other		A CONTRACTOR		2 Donath	
* Codes requir	re detailed explanat	ion in required r	emarks field (k)		

Non-Monetary Gifts Given to Other Use this form to report any in-kind, non-monetary gift				ven to a	Pg 1 of	1 Yes No
1. Committee Full Name (and Fund if applicable)	i, sei vi	ce of ite	ms grv	ven to a	modier committee.	2. ID Number
Jamie Lein Campaign						JYM0Z9
3. Payee Information		Add		Remo	ve	
a. Full Name, Mailing Address & Phone		_		mmittee	1	d. Comments
(include city, state, & zip)			Candio		PAC	Expenses owed
Christopher Smith			Refere		Party	to Jamie Lein
Christopher Smith 212 Cattle Ridge Drivee		c. Leve	Federa	tered (Sp	County:	Campaign not paid back by
Marvin, NC 28173		H	State	aı	Municipality:	Christopher
(402) 707-5201			State		Numerparity.	Smith Campaign
()						Simili Campaign
e. Type of Gift						沃克尼尔 罗斯斯
Coordinated Party Expenditure	\boxtimes	Contribu	ution to	o Candi	idate/Political Comm	ittee
f. Description					g. Date (mm/dd/yyyy)	h. Fair Market Amount
1/3 Cost of Cookie Tray for					10/17/2019	\$ 32.91
Meet and Greet					10/11/2019	Ψ 32.71
1/3 Cost of Banners and Yard Signs for					11/27/2019	\$ 169.35
Meet and Greet		W-0.53/2-8/36				
3. Payee Information		Add	Ш	Remo	ove	
a. Full Name, Mailing Address & Phone		b. Type		mmittee		d. Comments
(include city, state, & zip)		4 1	Candi		PAC	600.0
				endum	Party	d. Comments Received and Recei
		c. Leve		tered (Sp		Z Rec 6
			Federa State	aı	County: Municipality:	P FEB DERI
		-	State			80. 50
						ELE
e. Type of Gift						
Coordinated Party Expenditure		Contribu	ution t	o Candi	idate/Political Comm	ittee
f. Description					g. Date (mm/dd/yyyy)	h. Fair Market Amount
						\$
						D.
						\$
3. Payee Information		Add		Remo	ove	
a. Full Name, Mailing Address & Phone		b. Type	The state of the s	mmittee	_	d. Comments
(include city, state, & zip)			Candi		PAC	
				endum	Party	
		c. Leve		tered (Sp		
		-	Federa State	ai	County:	
			State		Municipality:	
e. Type of Gift				To the state of		
Coordinated Party Expenditure	7	Contribu	ution t	o Candi	idate/Political Comm	ittee
f. Description					g. Date (mm/dd/yyyy)	h. Fair Market Amount
						\$
						6
						\$
4. Total only this Page						\$ 202.26
5. Total of ALL CRO-1330 Pages						
The Property of the Park of th	1100)					\$ 202.26

Amendment